STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

PRODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler)
Name (print or type): WESLOCK (O	Name (print or type): All AMERICAN OIL COMPANY
Pick up Address: 13344 S. MAIN S. L. Acode No.	Business Address: 8655 So. Main Street, Los Angeles, 9000 de No.
(Number) (Street) (City) Telephone Number: P.O. or Contract No.:	Telephone Number: 213) 759-6145 Pick Up: 7-28-77 Time: 12:72 Glos
Order Placed By: Date:	State Liquid Waste Hauler's Registration No. (if applicable): 118
Type of Process	Job No.: 2347 No. of Loads or Trips: Unit No.: P. 2
which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drillingCode No. wastewater treatment, pickling bath, petroleum refining)	Vehicle: Quacuum truck Darrels, Oflatbed, Oother TANK
vastewater treatment, pickling bath, petroleum refining) DESCRIPTION OF WASTE (Must be filled by producer)	The described waste was hauled by me to the disposal facility named below and was accepted.
• -	I certify (or declare) under penalty
Check type of wastes: 1. Acid solution 8. Tank bottom sediment	of perjury that the foregoing is true and correct. Signature of authorized agent and title
2. Alkaline solution 9. 011 504	Signature of Suthorized agent and title DISPOSER OF WASTE (Must be filled by disposer)
4. Paint sludge 11. Contaminated soil and sand	Name (print or type): APERNTING) Welder TRIES
5. Solvent 12. Gammery waste 6. Tetraethyl lead sludge 13. Latex waste 7. Chemical toilet wastes 14. Mud and water	Site Address: 2475 94R July MonTepper Filling
15. Brine	The hauler above delivered the described waste to this disposal facility and
Other (Specify) Code No.	it was an acceptable material under the terms of RMMCB requirements, State Department of Health regulations, and local restrictions.
Components:	Quantity measured at site (if applicable): State fee (if any):
(Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower % ppm	Handling Method(s):
organics (list), cyanide)	·
1. Novo	
<u></u>	treatment (specify): (Examples: incineration, neutralization, precipitation)-Code No. disposal (specify): pond spreading landfill injection well
<u></u>	lother Capacity):/
<u>. </u>	If waste is held for disposal elsewhere specify final location:
<u>, </u>	Disposal Date:
	I certify (or declare)/under penalty / V
	of perjury that the foregoing is true
Hasardous Properties of Maste: pH	Signature of authorized agent and title
Bulk Volume: 50 gai tons barrels other	The site operator shall submit a legible copy of each completed Record to the
(42 gal) (specify)	State Department of Health with monthly fee reports.
Containers:	
Physical State: solid sludge other (specify)	
Special Handling Instructions (if any): (specify)	
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The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).	
I certify (or declare) under penalty	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
and correct.	
Signature of authorized agent and title	D.O.T. Proper Shipping Name

Signature of authorized agent and title